

ism and quackery, and was quite different from the notions many Americans have of it. It was a valuable procedure.

Dr. Leslie Meacham said he had been interested in this subject for sixteen years and had had much experience in experimental hypnotism, in teaching that and principles of psychotherapy to physicians and the practice of psychotherapy. Men failed in trying to use this treatment because untrained. They cannot judge the suggestibility of the patient or give suggestions properly. In his own practice for the last five years he had found hypnosis rarely necessary. To succeed in this work one should understand psychology and pedagogics as well as nervous and other diseases, and all other therapeutic agents should be employed in the general treatment of the patient and care of the underlying neurasthenia. People using psychotherapy sometimes ignore the physical needs. His own methods and principles were similar to those of Dubois, considering the work properly to be one of reëducation. As a preliminary it is necessary to explore the utmost depths of the patient's mind, determine all the psychic errors and their origin. In the majority of cases systematic suggestions, earnestly repeated, logically given, are sufficient. Build up his hope and courage and self-control, develop his powers and enable him to help himself. The only cases in which he found it necessary to use hypnosis were those exhibiting morbid fears, fixed ideas, etc., *i. e.*, the pure psychoses, habits, some forms of hysteria and periodic alcoholism. Chronic alcoholism readily yields to systematic suggestion. Many fail in their attempts to use psychotherapy because of insufficient preparation for the work. They do not know the limits of suggestion, the frequently slow progress to recovery, and expect to cure serious cases in two or three treatments. Physicians and patients often expect only actual hypnosis by the psychotherapist. The pedagogic side of psychotherapy has not been sufficiently insisted upon.

THE BOSTON SOCIETY OF PSYCHIATRY AND NEUROLOGY

November 23, 1907

WITH

THE NEW YORK NEUROLOGICAL SOCIETY AND THE PHILADELPHIA NEUROLOGICAL SOCIETY, AS GUESTS

The President, DR. W. N. BULLARD, in the Chair

Dr. Knapp showed a young man of eighteen who had had hemiatrophy of the left side of the body, associated with scleroderma, for two years.

A CASE OF DIVERGENCE PARALYSIS

By G. L. Walton, M.D.

The case was that of a young man (seen in consultation with Dr. Clap), who was thrown from the running-board of an electric car by striking a post. While still in bed he found that he had double vision for objects directly before him at a distance. There was a hematoma over the anterior parietal region on the right and a bruise of the left temple. The genuineness of the double vision was shown by the fact that the two

objects fused with eight degrees of prism, no matter whether used in one glass or in various combinations with two glasses. When the patient looked to the right or to the left the diplopia disappeared. This is characteristic of so-called divergence paralysis in distinction from diplopia due to paralysis of ocular muscles. Again, when an object was brought within two feet of the patient the diplopia disappeared. This is another characteristic feature. There are about twenty cases on record of this variety of diplopia. It has been attributed to paralysis of the divergence center, the theory being that just as there is a center for convergence (presumably in the mid-frontal lobe) there is a center for divergence which is inhibited when we converge, but called into play together with inhibition of the convergence center, when we look at distant objects.

TRACTION-SPLINT FOR MUSCULAR SHORTENING

By G. L. Walton, M.D.

Dr. Walton also showed the splint of Sir William Gowers, for use in cases of toe-drop to obviate tendency to shortening of calf muscles. The objection to the use of an elastic muscle attached to the toe and to a band about the leg is that the local pull is irksome and cannot be borne continuously. This apparatus was described and figured in a lecture in the *Clinical Journal*, March 6, 1895, and reprinted in Gowers' "Clinical Lectures," Blakiston, Philadelphia, 1895, in a lecture on the treatment of muscular contracture, but it seems not to have attracted in this country the attention which it deserves.

This apparatus is admirably adapted to remedy this condition by causing the pull to be extended over the surface of the boot. The boot consists of a single piece of sole leather "connected by a narrow part about two inches wide, behind the heel, which allows flexion of the ankle and yet affords sufficient vertical resistance to prevent any pressure on the skin at the source of the pull." The leather having been soaked in cold water is allowed to harden about a cast of the leg and foot in such a way that the narrow strip of leather forms a hinge at the heel. Lacings are inserted, and the elastic is stretched from rings attached to the back of the foot sheath and the sides of the leg piece. In the model shown (which Sir William Gowers had forwarded Dr. Walton at his request, together with directions for its manufacture) the latter was continued to the thigh and cut out for another hinge at the knee. This extension is for use in case of tendency to contracture of the hamstring muscles, in which event the elastics are extended crosswise over the knee. This appliance may be worn continuously day and night for months, and if desirable, the patient can walk about the room with the apparatus on.

BRAIN SHOWING CIRCUMSCRIBED CORTICAL ATROPHY.

By Dr. McDonald

Since Marie's views regarding aphasia have been so widely discussed and received with such marked favor in many quarters, one runs the risk of being regarded as behind the times in attempting to find special centers in the brain having for their function the focalization and preservation of concrete memory concepts; that is, concepts dependent for their complete